



Northeast High School Silver Cord Program Form

Student Name: _____

Grade: _____

Place of Volunteer Work: _____

Date Completed: _____

Hours Completed: _____ **Start:** _____ **End:** _____

Volunteer Activity Description:

Signature of Volunteer: _____

Supervisor Comments:

Signature of Supervisor: _____

For Committee Use Only-

Number of Hours Approved: _____

Please turn completed form into the office

